

MOVING FORWARD IN 2016:

Fifteen Years of Health Data Trends by Race and Ethnicity in Utah

Asians



UTAH DEPARTMENT OF
HEALTH
Office of Health Disparities

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Overview

This *Moving Forward* profile presents trend data from the 2005, 2010, and 2015 editions of the Utah Health Status by Race and Ethnicity, published by the Utah Department of Health. There are five *Moving Forward* profiles which provide line graphs that illustrate trends in specific health indicators and health risk factors for each of the census-defined race and ethnic minority groups – American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino with brief descriptions of notable trends.

These profiles can serve as a useful tool for agencies and organizations that have an interest in reducing health disparities in Utah, to enable them to make data-supported decisions on their priorities and future activities aimed at improving health status in Utah populations.

Data Notes

The baselines for determining health status change were the point estimates for indicators reported in the 2005 edition of Health Status by Race and Ethnicity. The 2010 indicators were originally reported in Health Status by Race and Ethnicity 2010, and the 2015 indicators were reported in the 2015 edition of Health Status by Race and Ethnicity. It should be noted that throughout this profile, the years “2005,” “2010,” and “2015” refer to the publication dates of the Health Status by Race and Ethnicity report, and not necessarily the exact year that the presented data was collected.

The actual years of data analysis varied depending on data availability. The exact years of data analysis and data sources are listed at the bottom of each indicator table. Indicators that were not included in the three reports and data that were collected or analyzed differently in the three reports could not be used for comparison and change over time.

Disparity Gap

For the purpose of this report:

- "Disparity Gap" will be defined as the numerical difference between two values of the same indicator. The first value represents the overall population and the second value represents a specific minority group.
- The disparity gap increases (↑) when the difference between the overall population and the specific minority group for 2015 is higher than for 2005.
- The disparity gap decreases (↓) when the difference between the overall population and the specific minority group for 2015 is lower than for 2005.
- If the minority group is doing better than the overall population, there is not disparity.

The improvement in a health indicator over the years does not imply closing the disparity gap. If the minority group is doing well and the overall population is doing equally well, the health status will improve; however the disparity gap will remain.

Utah's Asian Population

There are more than 80,000 Asians residing in Utah¹ - with Chinese, Japanese, and Filipinos comprising over half of the Asian population (followed by Vietnamese, Indian, Laotian, and Thai communities). Smaller communities of Nepali, Tibetan, Bhutanese, Hmong, Karen, and other groups also call Utah home.

At 4.4%, Salt Lake County has the state's highest proportion of Asians.² The populations of Indians, Filipinos, and Thais each doubled between 2000 and 2010, while the overall Asian population in Utah experienced a 63% increase during those years.³

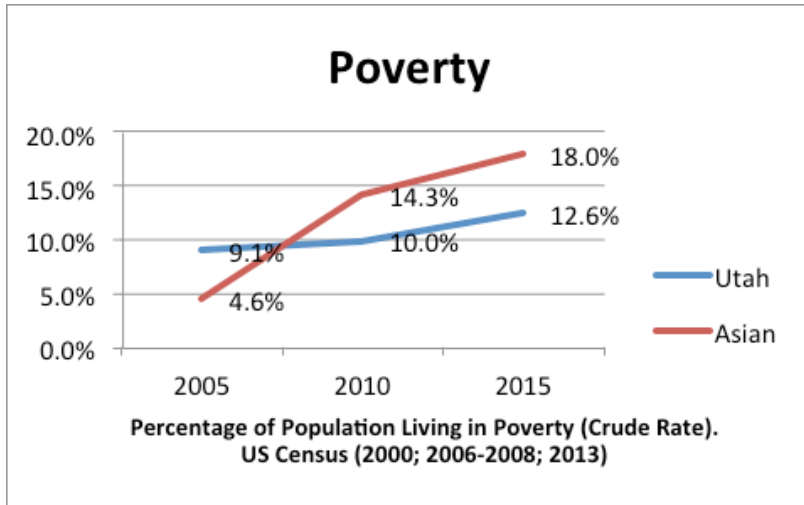


Utah's Asian population⁴ is often viewed as an overall "healthy" community because of relatively low rates of obesity, smoking, binge drinking, and high rates of preventive behaviors (such as daily fruit and vegetable consumption and annual flu shots), when compared with other Utah minority groups. However, trend analysis over the past 15 years indicates that the disparity gap in Asian populations in Utah has increased in the following indicators: poverty, child poverty, colon cancer screening, prostate cancer screening, folic acid consumption, and low birth weight. On the other hand, although there is still a disparity, the disparity gap has been reduced in early prenatal care, no physical activity, and tuberculosis infection.

¹U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, 2014 Population Estimates, Table PEPA SR5H. ²U.S. Census Bureau, ACS 2011-2013 3-Year Estimates, Table S0201. ³U.S. Census Bureau, 2011-2013 3-Year Estimates.

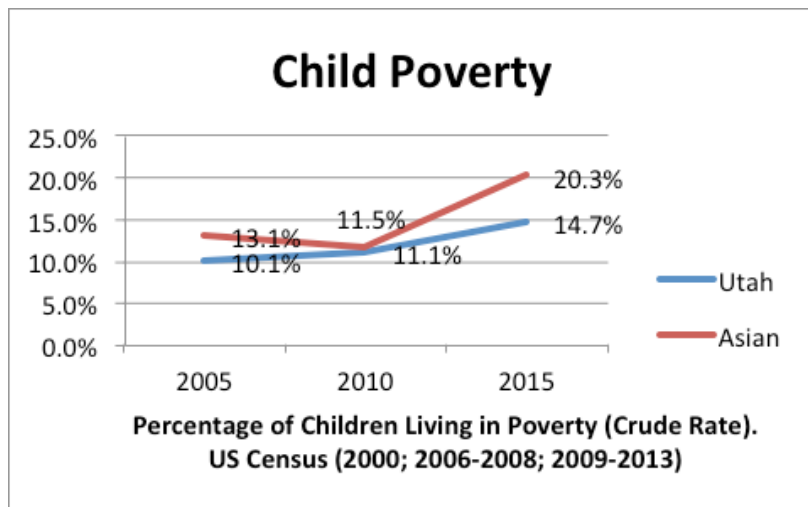
⁴For a demographic profile of this population visit:
<http://www.health.utah.gov/disparities/utah-minority-communities/asian-american.html>

Socio-Demographics



The poverty rate for Asians experienced an overall increase from below the state average in 2005 to higher than the poverty rate for all Utahns in 2015.

Disparity Gap: ↑

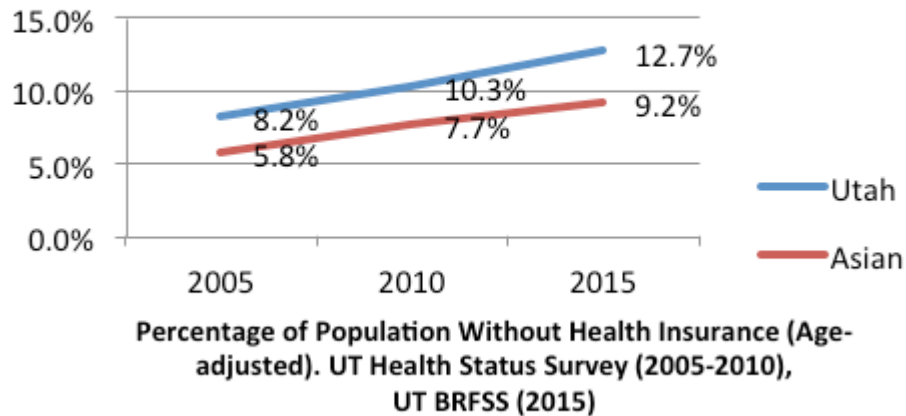


The proportion of Asian children living in poverty has consistently been higher than that of all Utahns. The Asian child poverty rate decreased from 2005 to approximate the overall state rate in 2010, then rose again in 2015.

Disparity Gap: ↑

Access to Health Care and Health Status

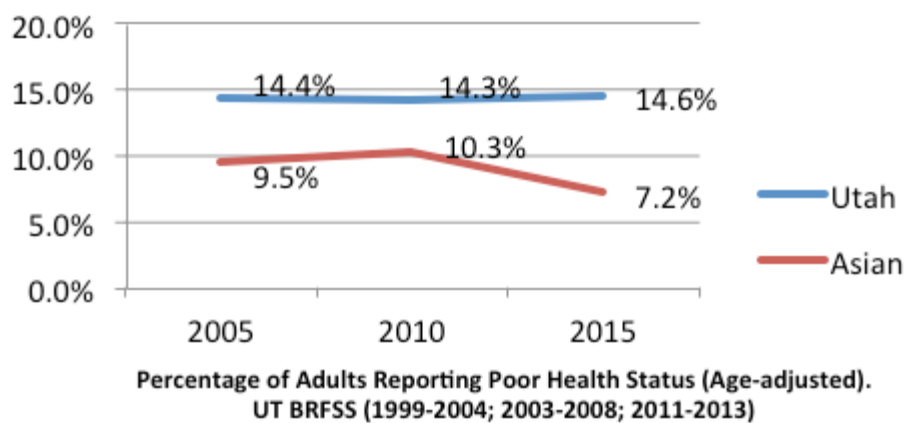
No Health Insurance



Asians in Utah have consistently had a lower percentage of the population without health insurance.

According to these data, there is not disparity in this indicator for Asians.

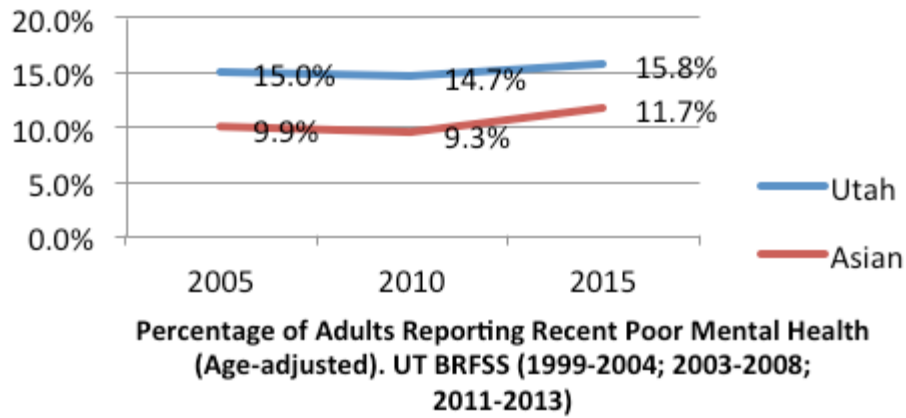
Poor Health Status



The reported rates of "poor health status" among Asians have consistently been lower than the overall Utah rate. The Asian rate decreased between 2010 and 2015 while the Utah rate remained constant during the same period.

According to these data, there is not disparity in the "poor health status" indicator for Asians.

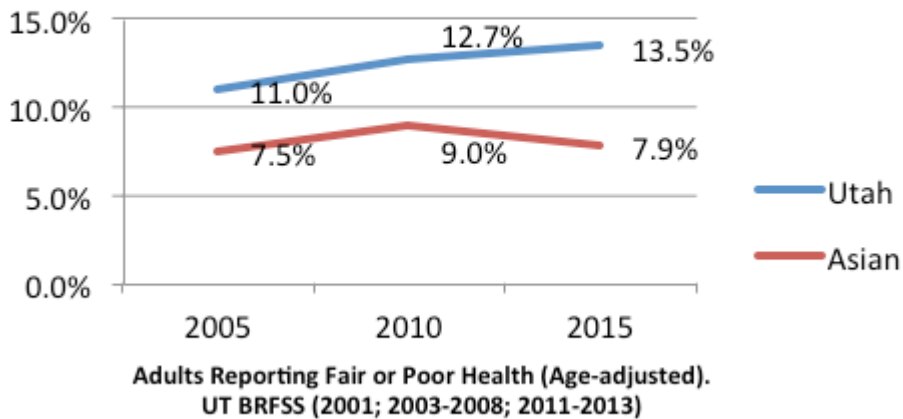
Poor Mental Health



The "poor mental health" rate for Utah Asians has consistently been lower than the overall Utah rate and has followed the same decrease from 2005 to 2010 followed by an increase from 2010 to 2015.

According to these data, there is not disparity in the "poor mental health" indicator for Asians.

Fair or Poor Health

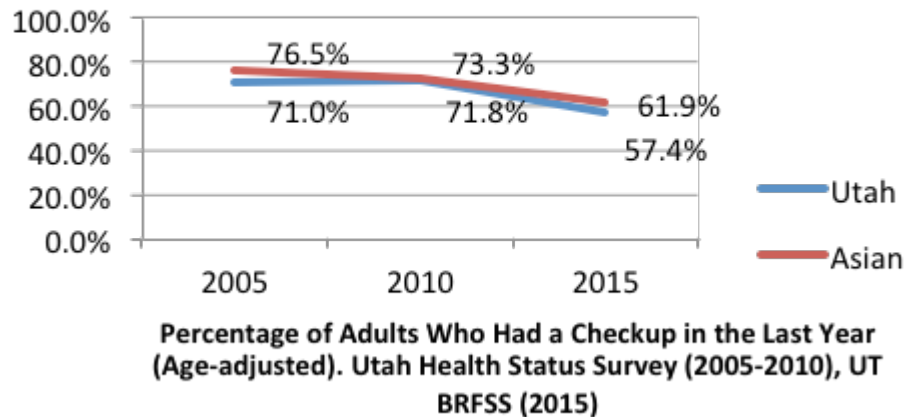


Asians in Utah have consistently reported lower rates of "fair or poor health" than Utahns overall. The Utah rate continued a slight upward trend between 2005 and 2015 while the Asian rate declined slightly between 2010 and 2015.

According to these data, there is not disparity in the "fair or poor health" indicator for Asians.

Preventive Services

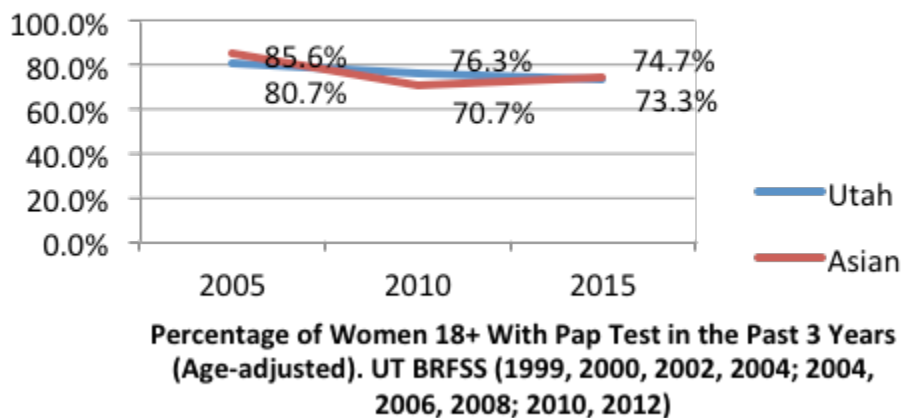
Routine Medical Checkup



The rates of Utah Asians who have had an annual checkup within the past year of being surveyed have consistently been higher than that of the overall state average.

According to these data, there is not disparity in the "routine medical checkup" indicator for Asians.

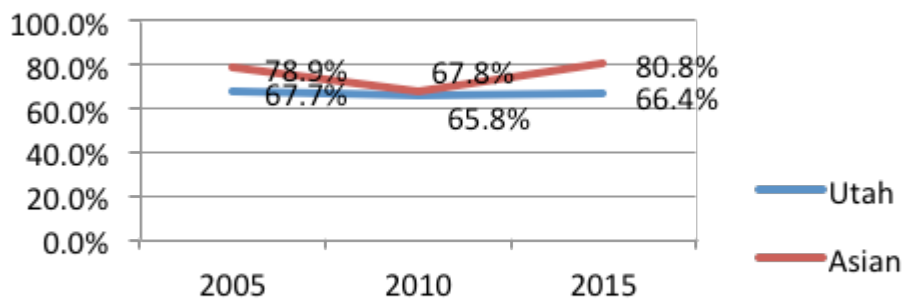
Pap Test



The proportion of Asian women who had a Pap test within the past three years of being surveyed was higher than the overall state rate in 2005, decreased in 2010, and then increased to approximate the rate for all Utah women in 2015.

According to these data, there is not disparity in this indicator for Asians.

Mammograms

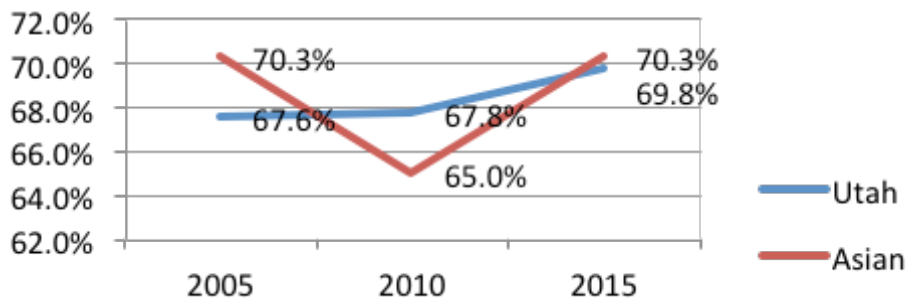


Percentage of Women 40+ With a Mammogram in the Past 2 Years (Age-adjusted). UT BRFSS (1999, 2000, 2002, 2004; 2004, 2006-2008; 2010-2013)

Asian women in Utah have consistently had a higher rate of mammography than the overall state rate.

According to these data, there is not disparity in this indicator for Asians.

Cholesterol Screening

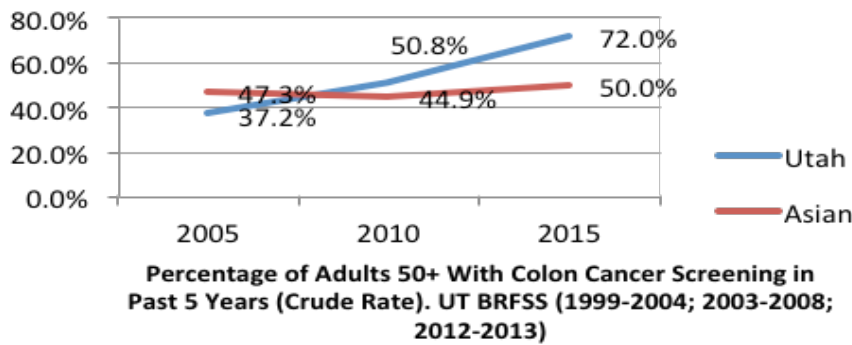


Percentage of Cholesterol Screening in the Past 5 Years (Age-adj). UT BRFSS (1999, 2001, 2003; 2003, 2005, 2007; 2011-2013).

The adult cholesterol screening rate for Asians was higher than the overall state rate in 2005, then decreased to below the average for all Utahns in 2010, and increased again in 2015 to approximate that of all Utahns.

According to these data, there is not disparity in this indicator for Asians.

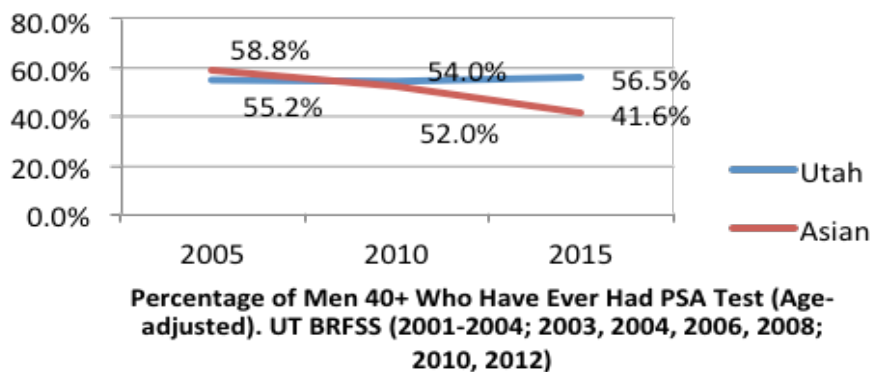
Colon Cancer Screening



The colon cancer-screening rate for Asians was higher than the overall state rate in 2005, but has remained relatively stable while the rate for all Utahns has doubled from 2005 to 2015.

Disparity Gap: ↑

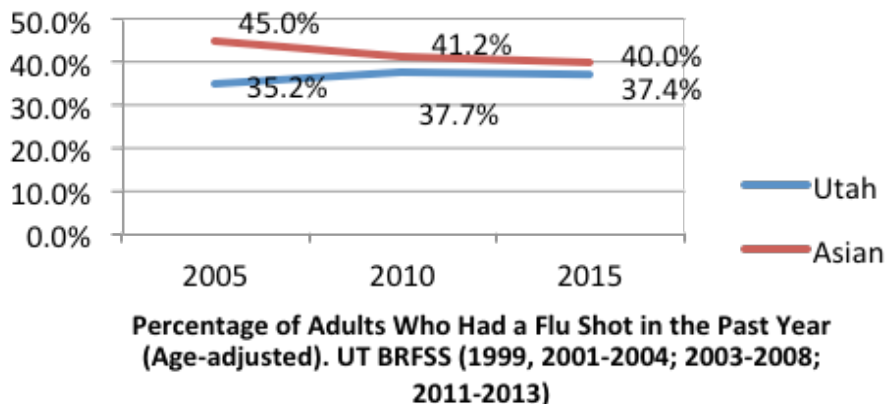
Prostate Cancer Screening



The rates of Utah Asian men who have ever had a PSA test has steadily declined from being higher than the overall state average in 2005 to lower than for all Utah men in 2010 and 2015.

Disparity Gap: ↑

Flu Shot

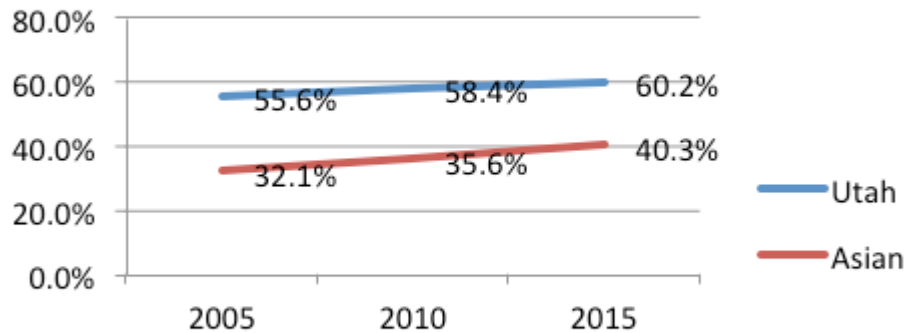


Asians in Utah have consistently had a higher rate of annual flu shots than the overall Utah population, although the rate has decreased incrementally since 2005.

According to these data, there is not disparity in this indicator for Asians.

Physical Activity and Nutrition

Overweight or Obese

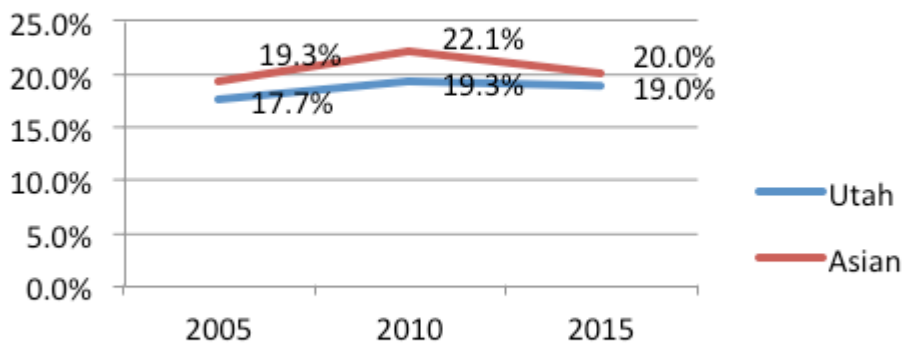


Percentage of Overweight or Obese Adults (Age-adjusted).
UT BRFSS (1999-2004; 2003-2008; 2011-2013)

The rates of overweight or obesity in Utah's Asian population has consistently been lower than the overall Utah rate, although it has been trending upward along with the rate for all Utah adults.

According to these data, there is not disparity in this indicator for Asians.

No Physical Activity

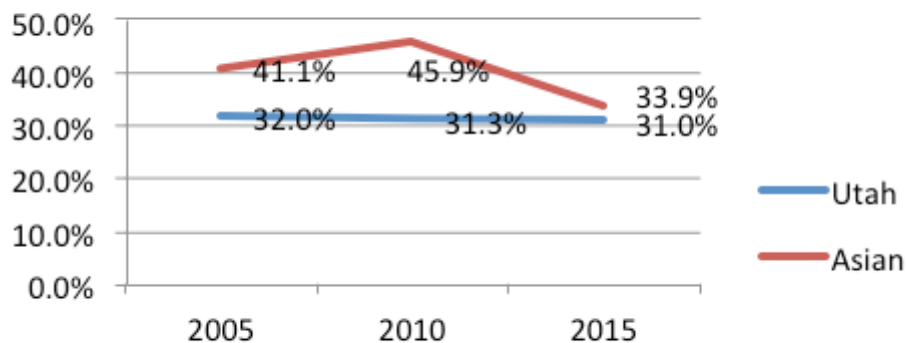


Percentage of Adults With No Physical Activity in the Past Month
(Age-adjusted). UT BRFSS (1999-2004; 2003-2008; 2011-2013)

Asians in Utah have consistently had a higher rate of adults who do not engage in regular physical activity than the overall Utah rate.

Disparity Gap: ↓

Daily Fruit Consumption

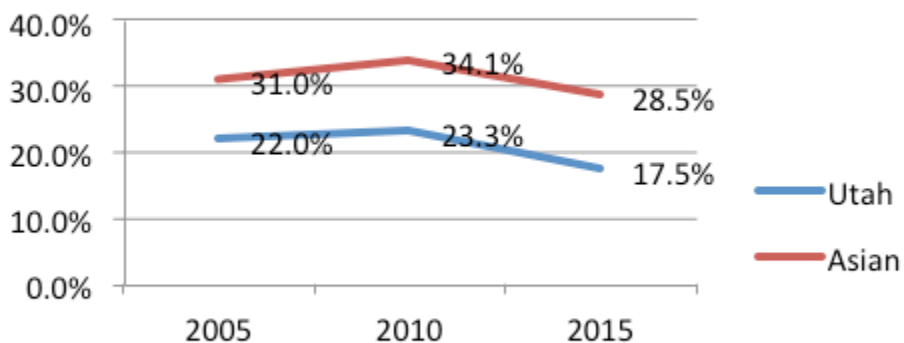


Percentage of Adults Eating 2+ Fruits Daily (Age-adjusted).
UT BRFSS (1999-2000, 2002-2003; 2003, 2005, 2007; 2011-2013)

The daily fruit consumption rate for Asians has been consistently higher than the overall Utah rate, however it declined between 2010 and 2015 while the Utah rate remained relatively constant.

According to these data, there is not disparity in this indicator for Asians.

Daily Vegetable Consumption



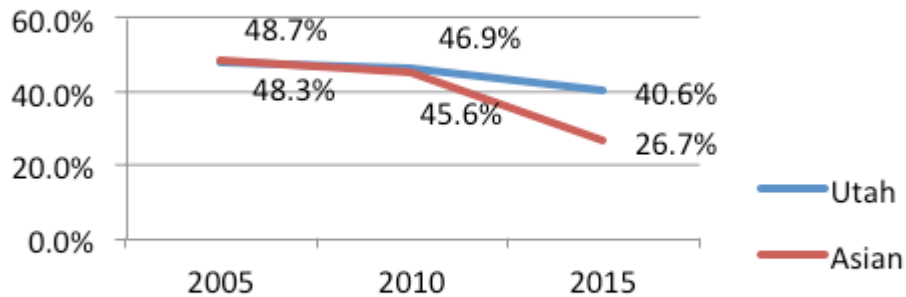
Percentage of Adults Eating 3+ Vegetables Daily (Age-adjusted).
UT BRFSS (1999-2000, 2002-2003; 2003, 2005, 2007; 2011-2013)

The proportion of Asian adults eating more than three vegetables per day has consistently been higher than the overall Utah rate, however it declined between 2010 and 2015 along with the overall state rate.

According to these data, there is not disparity in this indicator for Asians.

Health of Mothers and Infants

Folic Acid Consumption

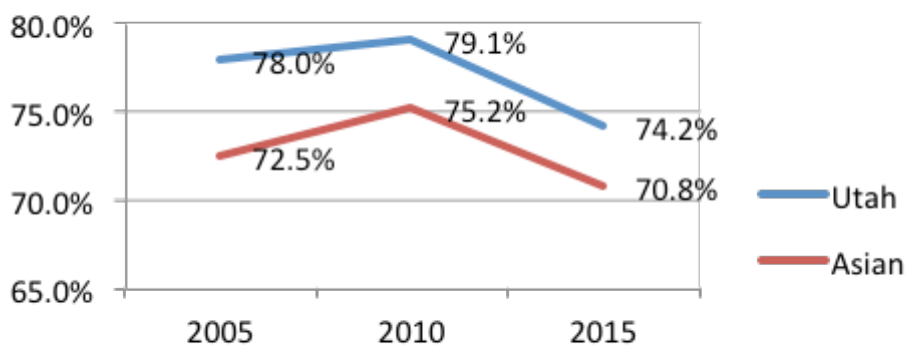


Percentage of Women 18-44 Taking Daily Folic Acid
(Age-adjusted).
UT BRFSS (1999-2004; 2006-2008; 2010, 2012)

The rates of folic acid consumption among Asian women approximated the Utah rates in 2005 and 2010 but declined between 2010 and 2015.

Disparity Gap: ↑

Early Prenatal Care

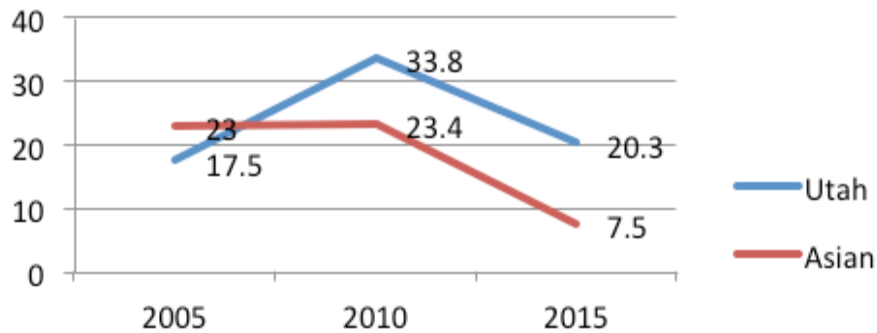


Percentage of Infants Who Received 1st Trimester Prenatal Care
(Crude rate). UT Birth Certificate Database (2002; 2008; 2009-2013)

The proportion of Asian infants who received prenatal care during the first trimester has followed the overall Utah trend for prenatal care rates since 2005 while remaining consistently lower than the overall state rate.

Disparity Gap: ↓

Births to Adolescents

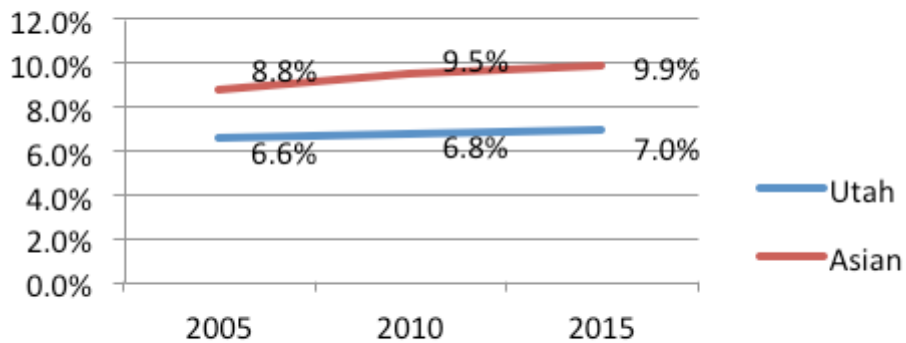


Births per 1,000 Females 15-19 Years Old.
UT Birth Certificate Database (2002; 2008; 2013)

Asians in Utah had a higher rate of births to adolescent mothers than the overall Utah average in 2005. While the rate remained the same in 2010, it was lower than the Utah rate, followed by a decrease in the Asian adolescent birth rate between 2010 and 2015.

According to these data, there is not disparity in this indicator for Asians.

Low Birth Weight



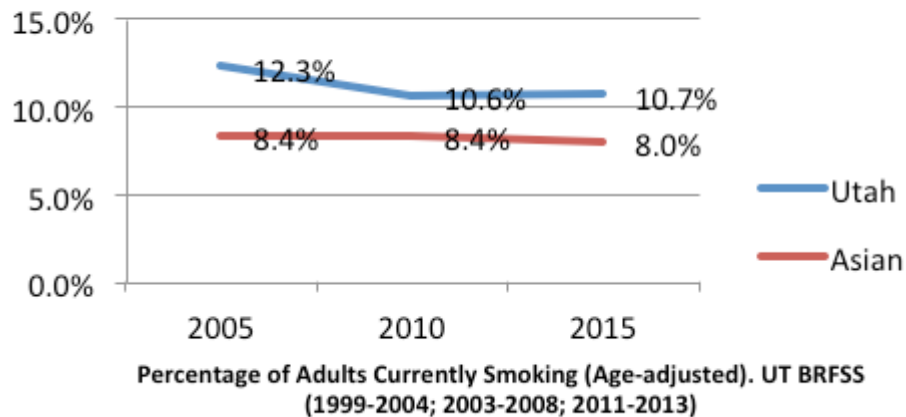
Percentage of Live Born Infants with Low Birth Weight.
UT Birth Certificate Database (2002; 2006-2008; 2008-2012)

The proportion of Asian infants born with low birth weight has consistently been higher than the overall Utah rate and has increased slightly since 2005.

Disparity Gap: ↑

Risk Factors

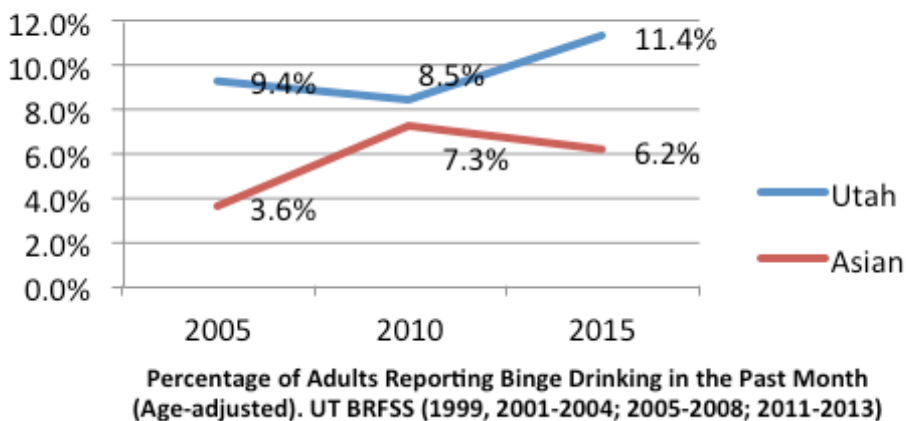
Cigarette Smoking



The rate of cigarette smoking by Asian adults has consistently been lower than the overall Utah rate and has remained constant since 2005, while the Utah rate decreased from 2005 to 2010.

According to these data, there is not disparity in this indicator for Asians.

Binge Alcohol Drinking

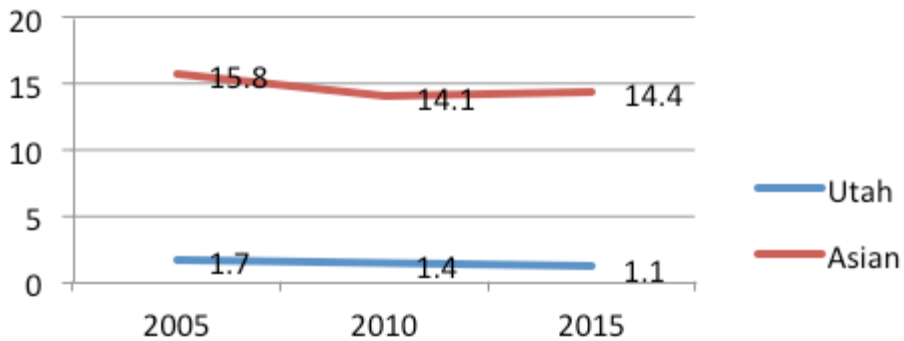


The binge alcohol drinking rate among Utah Asians has consistently been lower than the overall Utah rate. The Asian rates increased from 2005 to 2010 and then decreased between 2010 and 2015, the exact opposite of the trend for the overall state.

According to these data, there is not disparity in this indicator for Asians.

Infectious Diseases

Tuberculosis

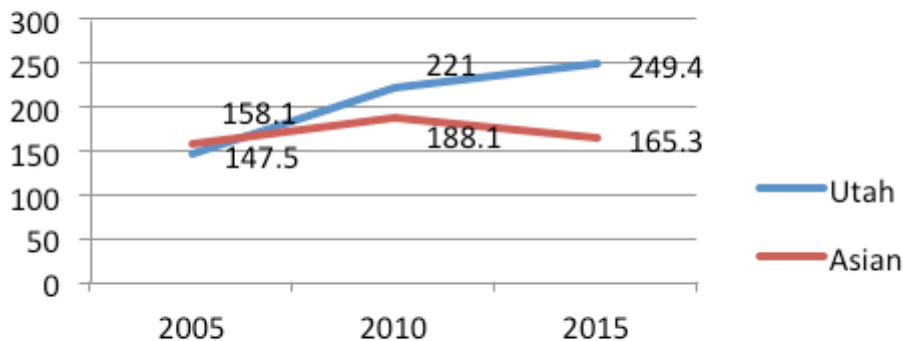


Cases of Tuberculosis per 100,000 Population (Crude Rate).
UDOH Bureau of Epidemiology (2000-2004; 2004-2008; 2009-2013)

The tuberculosis rate among Utah Asians has consistently been significantly higher than the Utah rate.

Disparity Gap: ↓

Chlamydia



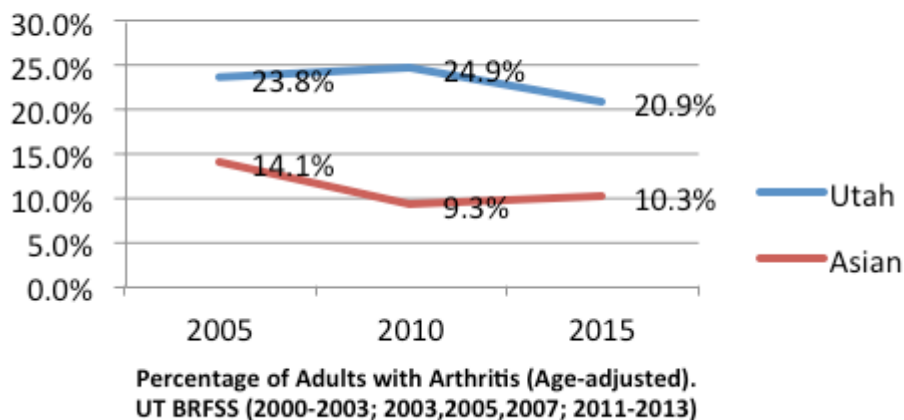
Cases of Chlamydia per 100,000 Population (Crude Rate).
UDOH Bureau of Epidemiology (2000-2004; 2008; 2009-2013)

The proportion of Asian adults with chlamydia was higher than the overall Utah rate in 2005, but decreased from 2010 to 2015 and has been lower than the Utah rate since 2010.

According to these data, there is not disparity in this indicator for Asians.

Chronic Diseases

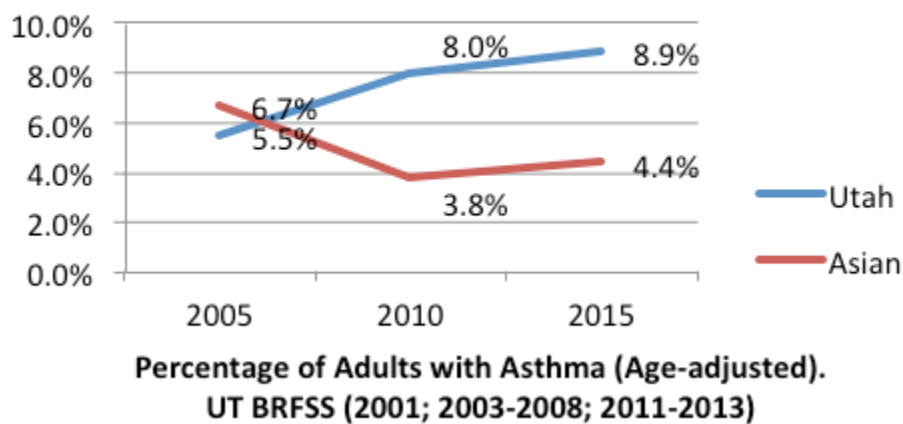
Arthritis Prevalence



The proportion of Asian adults reporting a diagnosis of arthritis has consistently been lower than the overall Utah rate. The Asian rate decreased from 2005 to 2010 and increased slightly between 2010 and 2015.

According to these data, there is not disparity in this indicator for Asians.

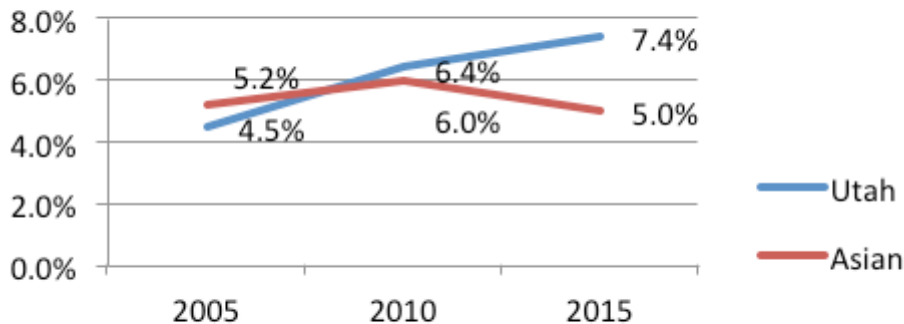
Asthma Prevalence



Asians had a higher rate of asthma than the overall Utah rate in 2005, which decreased in 2010. The asthma rate for Asians has been approximately half of the Utah rate since 2010.

According to these data, there is not disparity in this indicator for Asians.

Diabetes Prevalence

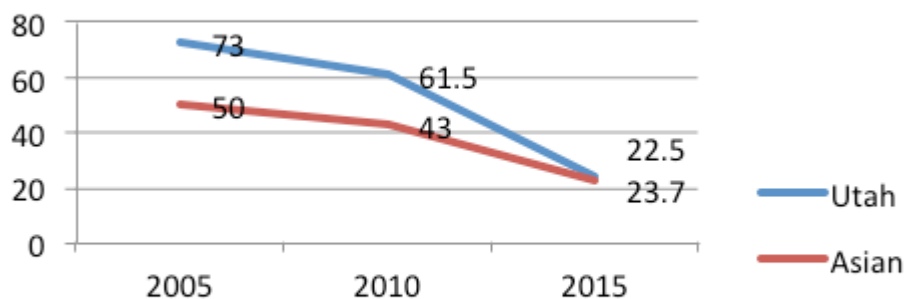


Percentage of Adults with Diabetes (Age-adjusted).
UT BRFSS (2001; 2003-2008; 2011-2013)

The rate of diabetes prevalence for Asians in 2005 was higher than the overall Utah rate. This rate rose to approximate the Utah rate in 2010 and decreased in 2015 (while the Utah rate continued to increase).

According to these data, there is not disparity in this indicator for Asians.

Diabetes Deaths



Diabetes-related Deaths per 100,00 Population
(Age-adjusted). UT Death Certificate Database (1998-2003;
2004-2008; 2009-2013)

The diabetes death rate among Utah Asians has consistently been lower than the overall Utah rate and has followed the same downward trend since 2005 and approximated the Utah rate in 2015.

According to these data, there is not disparity in this indicator for Asians.

Acknowledgments

Authors

Dulce Díez, MPH, MCHES, Office of Health Disparities

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Collaborator

Tashelle Wright, Office of Health Disparities

The complete Health Status by Race and Ethnicity Reports cited throughout this report can be found at:

[Utah Health Status by Race and Ethnicity: 2015 Report](#)

[Utah Health Status by Race and Ethnicity: 2010 Report](#)

[Utah Health Status by Race and Ethnicity: 2005 Report](#)

For a demographic profile of this population visit:

<http://www.health.utah.gov/disparities/utah-minority-communities/asian-american.html>